

MAINE MARITIME ACADEMY

Financial Aid Award Acceptance Financial Aid Office Pleasant Street Castine, ME 04420 Tel: 207-326-2205

Return this form to the Financial Aid Office by August 15.

I have reviewed and understand my 2	016-2017 financial aid award. I hereb	by acknowledge receipt of the financial aid offered
and (check one):		
1) \Box I accept this award in full	I accept this award in part as follow	vs: I decline this award

(List only the awards you wish to DECLINE)

in full

2) Enrollment Status for 2016-2017:

I will be enrolled: \Box Fall semester \Box Spring semester

□ Spring semester (January-May)

Check box if you plan to graduate December 2016 \Box

3) MMA's medical insurance can be added to your **financial aid budget** if requested. \Box Yes, please add MMA's medical insurance to my financial aid budget. (note: You must elect to purchase the insurance on your portal account.)

4) By signing this document I acknowledge the following:

- I have completed my Direct Loan Entrance Counseling at <u>www.studentloans.gov</u> (if you have completed in previous year you do need to complete again)
- I have completed my Direct Loan Master Promissory note (MPN) at <u>www.studentloans.gov</u>(if you have completed in previous year you do need to complete again)
- I am required to report ALL outside scholarships to the Financial Aid Office, by sending a copy of the notification that I receive, as soon as I am notified. **It is my responsibility to follow the instructions from the donor in order to obtain these funds. Please read it carefully.*
- I give permission for the Financial Aid Office to speak with my parent(s)/guardian regarding my award.
- I accept all future Revised Award Letters unless the Financial Aid Office is otherwise notified.
- In accepting this award, I understand that actual disbursement to my account will not occur until I submit this acceptance and complete all loan counseling and MPN forms.
- If I receive a MMA scholarship, I am required to write a Thank You letter to the donor. Failure to do so will result in the removal of the MMA scholarship.

Student's Name (print clearly)

Student's Signature

Date

Student's Social Security Number –

PLEASE NOTE:

- Less than full-time enrollment each semester may result in a reduction or elimination of award(s).
- You must demonstrate satisfactory academic progress as outlined in MMA's on-line catalog.
- You must be enrolled in a degree program to be eligible for financial assistance.
- I authorize the Finance/Business Office to hold any credit balances on my account unless otherwise requested by me.
 - MMA reserves the right to cancel this offer if the above are not met in a reasonable period of time.
- Your financial aid will remain incomplete until MMA receives this form.

Return this form to the Financial Aid Office by August 15. (failure to return this form by August 15, may result in a reduction of financial aid)